LINDEN GROVE - MUKWONAGO

837CTY ROAD NN E

MUKWONAGO 53149 Phone: (262) 363-6830 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skil Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/02): 56 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/02): 56 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 53 Average Daily Census: 53 Skilled ****************** Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 0.0 | More Than 4 Years No | Mental Illness (Org./Psy) 47.2 | 65 - 74 9.4 | Day Services Respite Care

Respite Care Adult Day Care 9.4 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents 100.0 | (12/31/02) 1.9 | Congregate Meals No | Cancer No | Fractures 15.1 Home Delivered Meals No | Cardiovascular Other Meals No | Cerebrovascular No | Diabetes Transportation 0.0 | Sex % | LPNs Referral Service Yes| Respiratory 1.9 | ------ | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions | 17.0 | Male | 11.3 | Aides, & Orderlies | 46.9 | Mentally Ill | No | ----- | Female | 88.7 | | Provide Day Programming for | 100.0 | ----- | Developmentally Disabled | No | | 100.0 |

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care									
Level of Care	No.	ojo	Per Diem (\$)	No.	ojo	Per Diem (\$)	No.	୦୦	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	301	17	81.0	121	0	0.0	0	25	100.0	190	0	0.0	0	0	0.0	0	49	92.5
Intermediate				4	19.0	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	7.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		21	100.0		0	0.0		25	100.0		0	0.0		0	0.0		53	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12	:/31/02
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	1	Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.9	Bathing	0.0		81.1	18.9	53
Other Nursing Homes	0.0	Dressing	3.8		79.2	17.0	53
Acute Care Hospitals	84.5	Transferring	15.1		77.4	7.5	53
Psych. HospMR/DD Facilities	0.0	Toilet Use	3.8		79.2	17.0	53
Rehabilitation Hospitals	0.0	Eating	24.5		66.0	9.4	53
Other Locations	13.8	* * * * * * * * * * * * * * * * * * * *	*****	*****	******	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	116	Continence		%	Special Treatmen	ts	8
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	3.8	Receiving Resp	iratory Care	1.9
Private Home/No Home Health	3.4	Occ/Freq. Incontinen	t of Bladder	66.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	36.8	Occ/Freq. Incontinen	t of Bowel	62.3	Receiving Suct	ioning	0.0
Other Nursing Homes	1.7				Receiving Osto	my Care	1.9
Acute Care Hospitals	9.4	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diet	s 13.2
Rehabilitation Hospitals	0.0						
Other Locations	28.2	Skin Care			Other Resident C	haracteristics	
Deaths	20.5	With Pressure Sores		7.5	Have Advance D	irectives	96.2
Total Number of Discharges	1	With Rashes		1.9	Medications		
(Including Deaths)	117				Receiving Psyc	hoactive Drugs	50.9

************************************ Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Other Hospital- Based Facilities		All
	Facility	Based 1			ilties
	%	응	Ratio	ଚ୍ଚ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	87.4	1.08	85.1	1.11
Current Residents from In-County	75.5	84.3	0.90	76.6	0.98
Admissions from In-County, Still Residing	16.4	15.2	1.08	20.3	0.81
Admissions/Average Daily Census	218.9	213.3	1.03	133.4	1.64
Discharges/Average Daily Census	220.8	214.2	1.03	135.3	1.63
Discharges To Private Residence/Average Daily Census	88.7	112.9	0.79	56.6	1.57
Residents Receiving Skilled Care	92.5	91.1	1.02	86.3	1.07
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	39.6	65.1	0.61	67.5	0.59
Private Pay Funded Residents	47.2	22.6	2.09	21.0	2.24
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	47.2	31.3	1.50	33.3	1.41
General Medical Service Residents	17.0	21.8	0.78	20.5	0.83
<pre>Impaired ADL (Mean) *</pre>	52.8	48.9	1.08	49.3	1.07
Psychological Problems	50.9	51.6	0.99	54.0	0.94
Nursing Care Required (Mean)*	3.3	7.4	0.45	7.2	0.46